## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications

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(Depositor's name (Signature)

(Date

APPLICATION NO. FILING DATE FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRMATION NO. 01/02/2001 09/600.400 Rainer Buhler 4421-003 4845

TITLE OF INVENTION: FORGING OF WORKPIECES

APPLN, TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1330	\$300	\$1630	03/23/2004
EXAN	IINER	ART UNIT	CLASS-SUBCLASS	7	
CRANE, I	DANIEL C	3725	072-020100	_	
Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).			2. For printing on the patent front page names of up to 3 registered patent a agents OR, alternatively, (2) the name	attorneys or 1 LOWE H	AUPTMAN

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.
- firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) (A) NAME OF ASSIGNEE

4a. The following fee(s) are enclosed:  4b. Payment of Fee(s):  □ A check in the amount of the fee(s) is enclosed.  □ Payment by credit card. Form PTO-2038 is attached.					
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Advance of der - # of Copies Section The Director is hereby authorized by charge the required fee(s), of Deposit Account Number (enclose an extra	credit any overpayment, to opy of this form).				

(Authorize Signature) (Date) 03-23-04

Benjamin J. Hauptman Reg. No. 29,310

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